NOTICE OF FEE DUE

DATE:	9-22				
TO:					
FROM:	Office of Initial Pa	tent Examinat	ion		
SUBJECT:		1066	370	3	: •
Office for the authorization	for the attached do the following reason on to charge a depos appropriate fee. If a ciency.	. Please check sit account. If	the application the authorization	on for the appron	opriate olease
[] Insuffic	ient fee by check				
□ Insuffic	ient funds in deposi	t account			
□ Decline	d credit card				
Ø Non aut	horization for charg	ge to deposit ac	count		
☐ No fee s	ubmitted per requir	ement f			,. 12
The correct	fee code: 29-0	, 3	amount	\$ 140	Ža.
The suspen	ded fee code: 197		amount	- \$	1
Fee Due			amount	=\$ <u>-</u>	- VA
If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.					
Terminal Op	perator	hri	· · · · · · · · · · · · · · · · · · ·		